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PTO/SB/83 (04-05)

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/811042	1042		
Filing Date	March 27, 2004			
First Named Inventor				
Art Unit				
Examiner Name				
Attorney Docket Numb	er 17540			

P.O.	missioner fo Box 1450 andria, VA 22							
Please withdraw me as attorney or agent for the above identified patent application, and								
all the attorneys/agents of record.								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
the attorneys/agents associated with Customer Number								
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
The reasons for this request are: I no longer legally represent the assignee.								
CORRESPONDENCE ADDRESS								
1. The correspondence address is NOT affected by this withdrawal.								
2. Change the correspondence address and direct all future correspondence to:								
The address associated with Customer Number:								
OR								
	m <i>or</i> lividual Name			- ''				
Address								
City			State			Zip		
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Telephone	Telephone Email							
Signature	re /Stephen Michael Patton #36235/							
Name	Stephen Michae	el Patton		Reg	stration No	O. 36,235		
Date	01-09-2006			Tele	phone No.	309-765-5543		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

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